

 B R N: C10000071	FIXED DEPOSIT APPLICATION FORM - (CORPORATE) Ref : FDC / 24.04.25																		
Term Deposit No.: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			

I/We, Messrs
, having its principal
 place of business atoffer to invest with **The
 Mauritius Civil Service Mutual Aid Association Ltd.(The Mutual Aid)** in accordance with the special
 conditions of the deposit as laid down below, a sum of (Rs.....) Rupees
 for months at **the Association's
 interest rate of% p.a (fixed/floating rate which is tagged to the current Key rate of 4.50 %).** The
 interest is payable: monthly ☐ , quarterly ☐ , half yearly ☐ , yearly ☐ . **The Association shall
 automatically adjust its rate in case of any change in the above Key rate (applicable for floating rate deposits).**
 Such adjustment shall take effect on the **next working day following** change in the Repo rate.

Tick as appropriate : Public Sector ☐ Private Sector ☐ Others ☐

Ultimate Beneficial owner(s) :
Please see Special Conditions:

NIC No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Turnover: Rs.....

Source of Funds :(Proof to be annexed)

Source of wealth : (applicable for high profile customer).

Contact Name: Telephone:..... Fax:

Email :

Bank Name : Bank Branch:

Bank A/c No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

I am / we are fully aware of Section 52A of the Bank of Mauritius Act, whereby I/we authorize that 'Know Your Customer' (KYC) records and my account information, other than the balance and amount held therein, be submitted to the Registry of the Bank of Mauritius. I am/ we are fully aware of the provisions applicable under the Data Protection Act. I / we consent that you use, update and process the data and keep the details given to you in a database. The purpose of data collection is to process the deposit. It is mandatory to provide data, else the Mutual Aid will not process the deposit. Once the application has been processed, all data will be destroyed as per legal requirements (*delete as appropriate*). The institution is / is not subject to any freezing order (*delete as appropriate*). I / We undertake to inform immediately in writing the Mutual Aid in case of any change in the personal data provided above.

I am fully aware that providing any false or misleading information to MCSMAA Ltd in connection with my customer due diligence requirements, I shall commit an offence under section 17(C)(6) of the Financial Intelligence and Anti-Money Laundering Act 2002 and shall be liable to a fine not exceeding MUR 500,000 and to imprisonment for a term not exceeding 5 years.

Did you derive net income exceeding Rs15m during any financial year or own assets above Rs50m (including assets owned by spouse and dependent children)?

SN		YES	NO	NAME	SIGNATURE	DATE	SN		YES	NO	NAME	SIGNATURE	DATE
1	NAME (1)						2	NAME (2)					

Please inform the Mutual Aid immediately in case of change in personal data e.g name, address, occupation.

Name (1)..... Place of Birth :.....Signature (1) Occupation (1).....

Name (2)..... Place of Birth :.....Signature (2) Occupation (2).....

If there are more than two persons as authorized signatories, please use an additional form.

Seal of Organisation :

NIC. No.(1)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NIC. No.(2)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date :/...../.....

CONDITIONS:

- (a) Interest payable on Fixed Deposit is calculated as at the last day of the month and sent to bank on the next working day. Quarterly, half-yearly and yearly interest payment frequencies fall due on respective calendar periods.
- (b) Encashment of the deposit prior to the maturity date shall be at the discretion of the Mutual Aid and will be subject to such terms and conditions as may be set by the Mutual Aid in its sole discretion including the charging of a fee.
- (c) The Mutual Aid may consider a **total or part refund (maximum 4) at short notice before the date of maturity** and with one month interest as charges. Furthermore, the interest already paid or accrued on the total amount will be recomputed on the basis of the rate applicable for the shorter term for which the amount has in effect been deposited. Please note that 1% processing fee will be charged as from 2nd part refund and other consequent refund. No refund will be effected in the absence of the original Fixed Deposit certificate.
- (d) The Mutual Aid shall adjust its rate in case of any change in the Repo rate as per conditions laid down in the Fixed Deposit Application Form. (*applicable for floating rate deposits*)
- (e) *In the absence of fixed deposit renewal reply, the fixed deposit **will** be renewed automatically for 12 months on maturity. However, as per section 59 of the Banking Act, after 7 consecutive automatic renewals, the deposit will be considered as abandoned fund and will be transferred to the Bank of Mauritius.*
- (f) The Mutual Aid accepts deposits from Corporates established in Mauritius as per its internal policy.
- (g) No Fixed Deposits will be created unless the Application Form duly filled in, with all required documents, are submitted to the Mutual Aid.
- (h) Before effecting bank transfer, depositors must submit all required documents to the Mutual Aid, and obtain a confirmation for the Mutual Aid.
- (i) The Association reserves the right to limit the number of part refund.
- (j) As per FIAMLA “beneficial owner” is defined as the natural person who ultimately owns or controls a customer and / or the natural person on whose behalf a transaction is being conducted. It also includes those natural persons who exercise ultimate control over a legal person or arrangement and such other persons as may be prescribed by Law.

NB : *Please bring an office cheque drawn in the name of : “ M. C. S. Mutual Aid Association Ltd.”*
Or **Credit bank account number 610 301 0000 2233 at SBM Ltd.** **Or**
Credit bank account number 010 704 647 at MCB Ltd.

Notes: 1. Personal / Corporate cheques are not accepted.
2. For payment by Cash / Office cheques after closure of Cash Office (13.30 hrs), the deposits will be effective on the next working day.

OFFICE USE

SN	ORIGINAL AND PHOTOCOPY OF DOCUMENTS REQUIRED	DEPOSIT APPLICATION ACKNOWLEDGEMENT (✓/X/NA)	CHECKER (✓/X/NA)
1	Board or Finance or Investment Committee resolution.		
2	CEB or CWA or Telephone Bill or Bank statement for the Company. (not more than 3 months).		
3	Brief on nature of business.		
4	KYC documents for significant shareholders/directors of companies.		
5	List of authorized signatories.		
6	National Identity Card and Birth certificates of authorized signatories. Online Birth Certificate is acceptable.		
7	CEB or CWA or Telephone Bill or Bank statement of authorized signatories. (not more than 3 months).		
8	Bank document showing bank account number and name of Organisation.		
9	Certificate of incorporation/Act (if applicable), details of its registered office and place of business.		
10	Latest Audited accounts.		
11	VAT reg. No. of Company / Organisation.		
12	Documentary evidence relating to source of funds (e.g for savings, please bring bank statement)		
13	For payment by office cheque / cash – please fill in Payment Form. For payment by bank transfer, proof of transfer to be submitted.		
14	Additional documents in case accounts are opened by professional intermediary (a) KYC documents of the professional intermediary; (b) (i) undertaking from the professional intermediary that it has verified the identity of its clients; (ii) particulars of the identity of its clients.		
15	Completed Emailing of Statement of Accounts Form.		
16	Ultimate Beneficial Owner Form.		
NAME (Maker /Checker).			
SIGNATURE (Maker /Checker).			
POST (Maker /Checker).			

NAME (1)	Risk Category of Customer : Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	(please tick)
NAME (2)	Risk Category of Customer : Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	(please tick)
	NAME	POST	SIGNATURE	DATE
MAKER				
CHECKER				
High Risk Customer/s authorized by (Senior Management)				

EDITING OF DATA	Name: <input type="text"/>	Address: <input type="text"/>	Bank details <input type="text"/>	Email: <input type="text"/> Tel. / Mobile <input type="text"/>	Status: <input type="text"/>
			No.:		
MAKER	Name :	Post :	Signature:	Date:	
CHECKER	Name :	Post :	Signature:	Date:	

IS CUSTOMER A 'PEP'?	Name 1		Name 2		NAME	POST	SIGNATURE	DATE
	YES	NO	YES	NO				
MAKER								
CHECKER								
'PEP' Transaction authorized by (Senior Management)								

IS CUSTOMER A 'HNWI'?	Name 1		Name 2		NAME	POST	SIGNATURE	DATE
	YES	NO	YES	NO				
MAKER								
CHECKER								
'HNWI' Transaction authorized by (Senior Management)								

UNSC check for Authorised Signatory (1) <i>(please tick)</i>					NAME	POST	SIGNATURE	DATE
<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> FALSE POSITIVE								
UNSC check for Authorised Signatory (2) <i>(please tick)</i>					NAME	POST	SIGNATURE	DATE
<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> FALSE POSITIVE								

		Maker	Date	Checker	Date
RECEIVED BY	Name				
	Post				
	Signature				
FD INPUT	Name				
	Post				
	Signature				
Reviewed by: SOO			Signature:.....		

APPROVED BY MANAGER (LOANS & DEPOSITS)	NAME	SIGNATURE	DATE